

TEMPLATE LETTER
REQUESTING LETTERS OF EVALUATION FOR
FACULTY PROMOTION

Dear _____,

The Division of _____ at the UAB Department of Pediatrics plans to propose Dr. _____ [for promotion to the rank of _____, (choose 1: non tenure earning; tenure earning; tenured; or with award of tenure)] OR [for award of tenure].

IF TENURE EARNING OR TENURED:

Our proposal will be supported primarily on the basis of Dr. _____'s (choose 2: *research, teaching, service/patient care*) activities. For tenure earning (or tenured) faculty, excellence in two of our three core missions (research, teaching, service) is the standard for promotion (and/or award of tenure) in the Department of Medicine. A copy of the School of Medicine guidelines for promotion and award of tenure are enclosed.

IF NON TENURE EARNING:

Our proposal will be supported primarily on the basis of Dr. _____'s (choose 1: *research, teaching, service/patient care*) activities. For non tenure earning faculty, excellence in one of our three core missions (research, teaching, service) is the standard for promotion in the Department of Medicine. A copy of the School of Medicine guidelines for promotion and award of tenure are enclosed

Institutional policy requires that intramural and extramural evaluations of proposed candidates be obtained from persons who have had significant contact with the candidate or who are authorities in their field. Accordingly, I request that you provide me with an evaluation of Dr. _____, focusing on, but not limited to, the areas mentioned above.

In your letter please state that you are evaluating Dr. _____ for [promotion to the rank of _____,] (choose 1: non tenure earning rank; tenure earning rank; tenured rank; or rank with award of tenure) **OR** [for award of tenure]. To aid with your evaluation, I have attached a copy of Dr. _____'s curriculum vita.

I recognize how much of your time and effort is needed to respond to this request, but I assure you that your evaluation is of great importance. In order to meet the various deadlines associated with this process, I am requesting your letter of evaluation by January 15, 20__ (date). You may either scan and email a copy of your letter to me at _____ (email address) or fax (205) _____, followed by mailing the original letter to the address noted below.

Please contact me with any questions or concerns. If you cannot meet the deadline or do not feel you are in a position to evaluate Dr. _____, I need to know this information as soon as possible.

Many thanks for your input and assistance.

Sincerely,

_____, MD
Director, Division of _____
Address _____

DD/xx

Attachment (or Enclosure)